

**Mail to:**  
Dennis R. Downs, Director  
Division of Solid and Hazardous Waste  
P.O. Box 144880  
Salt Lake City, Utah 84114-4880

Date Entered:\_\_\_\_\_.

## 2005 SOLID WASTE LANDFILL ANNUAL REPORT

### Administrative Information

Calendar or fiscal year of report:\_\_\_\_\_  
If fiscal year, please provide period covered: From \_\_\_\_\_ To \_\_\_\_\_

Facility Name:\_\_\_\_\_

Facility Mailing Address:\_\_\_\_\_  
(Number & Street, Box and/or Route)

City:\_\_\_\_\_, State:\_\_\_\_\_ Zip Code:\_\_\_\_\_

County:\_\_\_\_\_

Contact's Name:\_\_\_\_\_ Phone No.:(\_\_\_\_\_)\_\_\_\_\_

Title:\_\_\_\_\_

Contact's Mailing Address:\_\_\_\_\_

Contact's Email Address:\_\_\_\_\_

#### Owner

Name:\_\_\_\_\_ Phone No.:(\_\_\_\_\_)\_\_\_\_\_

Mailing Address:\_\_\_\_\_  
(Number & Street, Box and/or Route)

City:\_\_\_\_\_, State:\_\_\_\_\_ Zip Code:\_\_\_\_\_

#### Operator (Complete this section only if the operator is not an employee of the Owner shown above)

Name:\_\_\_\_\_ Phone No.:(\_\_\_\_\_)\_\_\_\_\_

Mailing Address:\_\_\_\_\_  
(Number & Street, Box and/or Route)

City:\_\_\_\_\_, State:\_\_\_\_\_ Zip Code:\_\_\_\_\_

### Facility Type and Status

☐ Class I

☐ Class IIIb

☐ Class V

☐ Class II

☐ Class IVa

☐ Class VI

☐ Class IIIa

☐ Class IVb

Does the facility have a construction and demolition (C/D) cell as part of the permit (not operated under a separate permit number)? Yes \_\_\_\_\_ No \_\_\_\_\_

If facility was permanently closed during the year enter date closed:\_\_\_\_\_  
\_\_\_\_\_

### Annual Disposal

Total facility tons:\_\_\_\_\_ or cubic yards:\_\_\_\_\_

*If separate tonnages are available*

Municipal tons:\_\_\_\_\_ or cubic yards:\_\_\_\_\_

C/D tons:\_\_\_\_\_ or cubic yards:\_\_\_\_\_

Industrial tons:\_\_\_\_\_ or cubic yards:\_\_\_\_\_

### Conversion Factor used

- ☐ No conversion factors used  
☐ Conversion factor from rules (R315-302-2(4)(c)) used  
☐ Site specific conversion used Please list: \_\_\_\_\_

Tons Recycled: \_\_\_\_\_

Cubic Yards Recycled: \_\_\_\_\_

### Financial Assurance

Current Closure Cost Estimate: \_\_\_\_\_

Current Post-Closure Cost Estimate: \_\_\_\_\_

Current Financial Assurance Mechanism: \_\_\_\_\_

(ie. Bond, Trust Fund, Corporate or government Test etc.)

Financial Assurance Mechanism Holder: \_\_\_\_\_

(ie. Name of Bond Company, Bank etc.. If PTIF Account give account number)

Current Amount or Balance in Mechanism: \_\_\_\_\_

### Other Required Reports

Financial Assurance: Each facility must recalculate the cost of closure and post-closure care to account for inflation and design changes each year. The recalculation, along with proof that the new cost estimates are fully covered by the assurance mechanism currently be utilized, must be submitted. Facilities that are using a trust account should include a copy of the most recent account statement.

*Note* Facilities using "Local Government Financial Test" must provide the information required in R315-309-3(7)(d) each year.

Ground Water Monitoring: Each facility that is required to monitor ground water must submit a ground water monitoring report that contains water elevations, sampling results, and statistical analyses. Check box if facility is exempt from ground water monitoring ☐

Explosive Gas Monitoring: A gas monitoring report must be included unless the facility is a Class II landfill that has receive an exemption, a Class III, IV, or VI landfill, or any other facility that has an exemption. Check box if facility is exempt from gas monitoring ☐

Training Report: A report of all training programs or procedures completed by facility personnel during the year.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Signature should be by an executive officer, general partner, proprietor, elected official, or a duly authorized representative. A duly authorized representative must meet the requirements of the solid waste rules (UAC R315-310-2(4)(d)).

**Print name:** \_\_\_\_\_ **Title:** \_\_\_\_\_